

What is claimed is:

1. A computer system for managing patient services, the computer system comprising:

a patient services unified front-end interface serving as a unified front-end for patient services management; and

a repository coupled to the patient services unified front-end interface and to a plurality of healthcare system processes.

2. The computer system of claim 1, wherein the plurality of healthcare system processes includes at least one of the following: flexible sequencing, access to medical necessity, insurance verification, procedure ordering, appointment scheduling, physician reference information, patient instructions, patient information, exception reporting, results reporting, registration and order entry.

3. The computer system of claim 1, wherein the repository contains temporary records obtained from the plurality of healthcare system processes.

4. The computer system of claim 1, wherein the patient services unified front-end interface provides a point of access for at least one of the following locations: health care provider offices, remote locations, and points of service.

5. A patient services improvement software system comprising:

a front-end software module providing an interface to health care workers for administering a plurality of patient services;

a repository module storing a set of patient related information; and

a plurality of communications interfaces providing for communications between the front-end software module and a plurality of external databases and the repository module and the plurality of external databases.

6. The computer system of claim 5, wherein the plurality of patient services include at least one of the following: flexible sequencing, access to medical necessity, insurance verification, procedure ordering, appointment scheduling, physician reference information, patient instructions, patient information, exception reporting, results reporting, registration and order entry.

7. A computer-based method for managing medical necessity testing in a health care environment, the method comprising the steps of:

receiving one or more diagnosis codes and one or more procedure codes for patient testing from a physician location;

storing the one or more diagnosis codes and the one or more procedure codes in a repository;

forming a query to a first database, wherein the query requests a comparison of the one or more diagnosis codes and the one or more procedure codes to determine medical necessity;

receiving a pass/fail indicator from the first database; and

storing the pass/fail indicator in the repository.

8. The method of claim 7, further comprising the step of displaying the pass/fail indicator at the physician location.

9. The method of claim 7, further comprising the steps of:

retrieving the pass/fail indicator from the repository at the time of patient presentation; and

displaying the pass/fail indicator at the time of patient presentation.

10. The method of claim 7, further comprising the step of generating an exception report containing the pass/fail indicator prior to the time of patient presentation at a health care facility.

11. The method of claim 7, further comprising the steps of:
- receiving notification of refusal of acceptance of service from a patient;
- storing said notification of refusal of acceptance of service in said repository;
- and
- displaying said notification of refusal of acceptance of service at the physician location.
12. The method of claim 7 wherein the pass/fail indicator includes separate subindicators for a technical component and a professional component.
13. The method of claim 7, further comprising the step of transmitting matched diagnosis and procedure codes to a second database.
14. The method of claim 13, further comprising the step of retrieving matched diagnosis and procedure codes from the second database for display at a health care facility.
15. A computer system for performing a medical necessity test for a patient prior to the patient presenting, the computer system comprising:
- a user interface for receiving and presenting information regarding the patient
- and a proposed procedure to a user;

a first database interface for interfacing to a first database, wherein the first database contains records indicating whether or not the patient has insurance;

a second database interface for interfacing to a second database, wherein the second database contains records indicating criteria for medical necessity; and

a query generator for receiving information from the user through the user interface, generating a first query to the first database and a second query to the second database, wherein the first query determines if the patient has insurance, and, if so, the second query determines if the proposed procedure passes a medical necessity test.

16. A computer-based method for reducing the occurrence of multiple patient identifiers in a health care environment, the method comprising the steps of:

receiving patient search criteria from a physician's office;

transmitting a query to a first database wherein the query contains the patient search criteria;

receiving a command to add a new patient when no perceived matches exist between the patient search criteria and a plurality of patient records;

presenting to the user at least one logical test regarding the patient's past activity; and

receiving an answer to the at least one logical test, wherein the answer is "yes" if the patient has had past activity, and wherein the answer is "no" if the patient has not had past activity;

if the answer is “yes,” preventing the entry of a new patient record; and

if the answer is “no,” permitting the creation of a new patient record.

17. The method of claim 16, further comprising the step of presenting a list of existing patient records when the answer is “yes.”

18. The method of claim 16, further comprising the step of:

allowing creation of a new patient record when the answer to the logical test is

“no;”

storing the new patient record in the repository; and

checking the new patient record against patient records in a second database.

19. The method of claim 18, further comprising the step of approving filing of the new patient record in the second database when the checking step indicates that the new patient record does not exist.

20. The method of claim 18, further comprising the steps of:

identifying multiple records within the second database based on the checking step;

and

deleting the multiple records in the second database prior to the patient presenting.

21. The method of claim 18, further comprising the steps of:

recording information in the repository regarding the detection of multiple records in the second database; and

informing the first database that a multiple record has been detected.

22. The method of claim 18, further comprising the steps of:

recording information in the repository regarding the detection of multiple records in the second database; and

informing at least one database administrator of possible multiple medical records.

23. A computer-based system for reducing the occurrence of multiple patient identifiers in a health care environment, the system comprising:

a user interface for receiving patient search criteria, receiving a new user command presenting at least one new user logical test to the user, receiving at least one response from the at least one new user logical test, and for receiving new patient information;

a query generator capable of transmitting a query to a first database wherein the query contains the patient search criteria;

a logical test generator capable of generating at least one health care activity logical test regarding the patient's past health care activity, wherein the at least one health care activity logical test returns a positive result if the patient has had past health care activity, and wherein the at least one health care activity logical test returns a negative result if the patient has not had past health care activity; and

a repository for storing the new patient information when the response to the at least one health care activity logical test is a positive result.

24. The computer system of claim 23, further comprising a communications interface to a second database.

25. The computer system of claim 24, wherein the communications interface to the second database is capable of generating a query to compare the new patient information with patient records contained within the second database.

26. A computer-based method for managing exceptions to patient processes in a health care environment, the method comprising the steps of:

populating a repository with patient related information at substantially the time of a healthcare provider's order, the patient related information including whether an exception occurred, wherein exceptions include unsigned orders, failed medical necessity tests, appointments scheduled without an eligibility referral, order received



without a scheduled appointment, eligibility failure, an order without a required referral and a list of pending referrals;

monitoring the repository for exceptions; and

generating a report indicating that an exception has occurred, wherein the generating takes place before the patient presents for service at the health care facility.

27. A method for associating orders with scheduling and patient information, the method comprising the steps of:

retrieving an order information dataset from a first database;

retrieving a scheduling information dataset from the first database;

creating an association between the order information dataset and the scheduling information dataset; and

displaying the order information dataset and associated scheduling information dataset.

28. The method of claim 27, further comprising the steps of:

receiving a procedure code associated with a patient;

associating the procedure code with the order information dataset;

retrieving the association between the order information dataset and the scheduling information dataset;

creating a patient specific scheduling information dataset based on the association between the order information dataset and the scheduling information dataset; and

transmitting the patient specific scheduling information dataset associated with the order information dataset to at least one external database.

29. A computer-based method for associating orders with scheduling and patient information, the method comprising the steps of:

receiving a procedure code associated with a patient;

associating the procedure code with an order information dataset;

retrieving the order information dataset from a first database;

retrieving a scheduling information dataset from the first database;

retrieving an association between the order information dataset and the scheduling information dataset;

creating a patient specific information dataset based on the association between the order information dataset and the scheduling information dataset; and

transmitting the patient specific information dataset associated with the order information dataset to at least one external database.

30. The computer-based method of claim 29, further comprising the steps of:

subsequently retrieving the patient specific information dataset associated with the order information dataset from the at least one external database; and

transmitting the patient specific information dataset to a healthcare information system.

31. A computer system for associating orders with scheduling and patient information, the computer system comprising:

a first query generator for generating a first query wherein the first query generator is capable of generating one or more queries to retrieve a scheduling information dataset and an order information dataset, and

a crosswalk database containing an association between the scheduling information dataset and the order information dataset.

32. The computer system of claim 31, further comprising:

a user interface for receiving a procedure code associated with a patient;

a second query generator for generating a second query wherein the second query retrieves the association between the order information dataset and the scheduling information dataset; and

a patient specific scheduling information generator capable of creating a patient specific scheduling information dataset based on the procedure code and the

association between the order information dataset and the scheduling information dataset.

33. The computer system of claim 32, further comprising an external database interface capable of transmitting the patient specific scheduling information dataset to an external database.

34. The computer-based method of claim 29, wherein the procedure code represents a pre-operative procedure.

35. The computer-based method of claim 29, wherein the at least one external database includes an event notification database.